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Meeting Minutes

Medicaid Medical Advisory Committee Meeting (MMAC)

May 21, 2024

Agenda

- Members in attendance: Shannon Bacon, Brenda Bergsrud, Melissa Bingham, Dr. Joan Connell, Donene Feist, Connie Glasser, Trina Gress, Amy Hornbacher, Courtney Koebele, Elizabeth Larson Steckler, Senator Judy Lee, Janelle Moos, Lisa Murry, Emma Quinn, Nikki Wegner.

Announcement & introduction of new MMAC members

- Nikki Wegner – Long Term Care Association Representative (replacing Shawn Stuhaug)
- Newly selected member – Connie Glasser, member with Medicaid lived experience

Education Topic

Medicaid Expansion – Jared Ferguson, *Medicaid Expansion Administrator*

- Medicaid Expansion in North Dakota is health coverage for 19–64-year-olds with household incomes up to 138% of the federal poverty level. Coverage is provided by a Managed Care Organization (MCO). Blue Cross Blue Shield of ND (BCBSND) is the current MCO.
 - Members apply for Expansion coverage through the Human Service Zones/Self-Service Portal (online) the same as applying for traditional Medicaid.
- Expansion coverage differs from traditional Medicaid coverage because it excludes routine and preventative Dental and Vision care.
 - Pharmacy benefits for Expansion beneficiaries are provided under traditional Medicaid by the state of ND, not by BCBSND. Members will have two cards – one for pharmacy and an Expansion card for non-pharmacy health coverage.
- North Dakota pays a monthly fee for each Expansion enrollee, called a per-member-per-month fee or capitation.
- ND contracts with BCBSND for Expansion and the current contract is valid through 12/31/28.
- There were 27,688 Expansion enrollees in 2023.
- CMS finalized rules specific to Expansion requirements on May 10, 2024. We are still reviewing the rules to understand all requirements and plan for compliance.

Discussion on this topic included concerns for the voice and choice of members and the lack of dental care for Expansion. Dental is an optional Expansion service which would likely require legislation to add to ND Expansion coverage.

[Unwinding of ND Medicaid continuous enrollment](#). Continuous enrollment ended March 31, 2023 and these renewals are now complete. Final summary – Krista Fremming, *Assistant Medicaid Director*

- March 2024 was the last month for ND to initiate unwinding-related activities and April was the last month to complete all unwinding-related renewals.
- We have completed 133,761 reviews since April 2023. The [Medicaid Renewals Dashboard](#) allows you to see monthly progress and review status.
 - There is also a [dashboard](#) showing Medicaid Eligibles for the previous 24 months.
 - Over 60% of people remain enrolled in ND Medicaid.
 - Primary reasons for not retaining coverage are individuals no longer meeting eligibility requirements and not returning renewal paperwork.
- There are several new strategies we adopted during the unwinding process and plan to continue:
 - Partner with managed care plans and PACE organizations to update member contact information
 - Allow managed care plans to assist their members in completing the Medicaid renewal process
 - Use updated address information from the USPS National Change of Address database and USPS returned mail without additional confirmation from the member
 - Renew Medicaid eligibility based on findings from SNAP
 - Text/email members to remind them that we need additional info for their renewal

Follow-up

[Ensuring Access to Medicaid Services Final Rule \(CMS-2442-F\) Finalized](#) – Mandy Dendy, *Policy Director*

- There are changes between the proposed rule and final rule.
- Final rule requirements, with varying compliance dates are:
 - **MMAC & MMEC**
 - Certain percentage of MMAC members must be MMEC members
 - Conflict of Interest Agenda item – applies to MMAC members & public attendees
 - No consecutive terms
 - Varied meeting options
 - 30-day pre-meeting public notice, 30-day post-meeting minutes
 - **MMAC only**
 - Annual report
 - **MMEC only**
 - Closed meetings optional
 - Meets prior to MMAC meetings
- More will be presented at a future meeting
- We are looking for volunteers to help review the Access Rule and our MMAC Charter and come up with recommended changes to present at the August MMAC meeting. Virtual meetings will be held throughout the summer and participation is open to non-MMAC-seated members. If interested, please email Mandy at mrdendy@nd.gov.

[Paid Family Caregiver Pilot](#) – Tina Bay, *Developmental Disability Director*

- This pilot is to pay family member caregivers who provide extraordinary care to either a child or adult who is enrolled in one of the ND Medicaid 1915(c) Home and Community-Based (HCBS) Waivers.

- Eligible Waivers are
 - Autism Spectrum Disorder Birth Through 17 Waiver
 - Children with Medically Fragile Needs Home and Community-Based Services Waiver
 - Children’s Hospice Home and Community-Based Services Waiver
 - Traditional Individual with Intellectual Disabilities and Developmental Disabilities Home and Community-Based Services Waiver
- There are two levels of funding, one for ages 18 & under and one for individuals over age 18.
- The pilot began on April 1, 2024, and within the first 12 hours 204 applications were submitted. 417 applications have been submitted as of May 13, 2024.
- Senate Bill 2276 limited this pilot to \$2.2 million state funds and capped it at 120 individuals. Applications are currently being reviewed to determine the need for extraordinary care. It’s likely that the appropriations will be expended before reaching the 120-person cap.
- You can find more information at <https://www.hhs.nd.gov/individuals-disabilities/family-paid-caregiver-pilot-program> and email familycaregiver@nd.gov if you have any questions.

Discussion related to future plans beyond this pilot project. The outcome of this pilot project will be evaluated, data will be presented to the Legislature, and consideration of making this a waiver-funded versus a state-funded service will happen next.

Cross-Disability Advisory Council (CDAC) Update – Kevin Miller, *Facilitator*

- The CDAC began meeting in December 2023 and has had monthly meetings since. Public attendance and input have been part of this process. There has been no indication that important partners are not participating in the CDAC and offering input.
- The CDAC has been providing input to for analysis and reporting to Alvarez & Marsal who will issue a report with recommendations that will be reviewed by the CDAC at an upcoming meeting.
- Future meetings are scheduled for September 12th and November 14th, 2024.

Community Health Worker (CHW) Task Force Update – Brian Barrett, *Facilitator*

- House Bill 1028 created the CHW Task Force and charged it with accomplishing a number of tasks by the end of December 2024.
 - Current Task Force progress is
 - ✓ CHW scope of work (draft language approved)
 - ✓ CHW education and training (draft language approved)
 - Certification and regulation
 - Medical assistance reimbursement (including federally qualified health center)
 - CHW Collaborative
 - Provide DHHS a proposal for a Medicaid state plan amendment or waiver to include CHWs
 - Provide DHHS proposed administrative rules for CHW scope of work, education & training, certification and regulation, medical assistance reimbursement and a CHW collaborative
- Public and CHW/CHR input has been sought throughout this process. A public listening session was held on April 22nd. All CHW Task Force meetings are open to the public and public comments are accepted both at those meetings and in writing between meetings.
- Upcoming items of note: There will be an upcoming CHW Focus Group session and a Medicaid Work Group will begin working.

- A timeline of anticipated work is available on the [CHW Task Force webpage](#). The site includes meeting agenda and minutes. Questions, comments? Please contact Brian Barrett at Brian@aptnd.com or by phone: 701-224-1815.

Discussion included comments about a change in the proposed draft scope of practice approved at the Task Force's May 20th meeting. Concern is that making the change has left out important functions of CHWs. The Task Force is proposing groundwork which can be revised in the future as appropriate.

Discussion

Growing our [Member E-Newsletter](#)

- ND Medicaid is looking to grow member subscribers to our newsletter. We're looking for providers and members to help spread the word. Ways to do so include sharing the subscription link and a flyer advertising the newsletter. Human Service Zones and Human Service Centers are partnering to display flyers in their lobbies.
- Family Voices of ND shares the E-News in its newsletter and the Community Healthcare Association of the Dakotas asked for flyers to display.
- Want to help partner to spread the word? Please reach out to ND Medicaid Member Liaison Jen Sheppard – jsheppard@nd.gov.

Medical Services Division Updates

Eligibility Rule Finalization – Joyce Johnson, *Eligibility Policy Director*

- We are still reviewing this rule and will provide more information in the future. The rule becomes effective on June 3, 2024.
- A high-level overview of requirements shows many changes with varying compliance dates. Changes include
 - Time frames within an eligibility reconsideration period, using electronic verification and systems to get information, and eliminating the requirement to apply for other benefits at the time of application.
- Other items to note: Medicaid currently uses SNAP and TANF income and is looking to use ND school free and reduced lunch application income information as well for electronic sources of income when people apply for ND Medicaid.

Medicaid webpage redesign – [Medicaid Landing](#) and [Provider Pages](#) – Mandy Dendy, *Policy Director*

- Our Medicaid landing, provider, and member pages have been updated with the goals of
 - Reducing clicks and making information easier to find
 - Separating member vs. provider-specific information, and
 - Presenting information in plain language wherever possible.

New Service Coverage

- The following new services, discussed at the February MMAC meeting, were implemented April 1, 2024, with coverage requirements in the following policies:
 - SBIRT – Screening, Brief Intervention, Referral, Treatment - [Preventive Services and Chronic Disease Management Policy](#)
 - Interprofessional Consultations - [Telehealth Policy](#)
 - Preventive Medicine Counseling and/or Risk Factor Reduction Interventions - [Preventive Services and Chronic Disease Management Policy](#)

Ordering, Referring, Prescribing (ORP) Policy effective May 1, 2024 – Jennifer Sanders, *Business Analyst*

- The ORP policy is new and is necessary to comply with federal regulation.
- It requires an ordering/referring/prescribing (ORP) provider National Provider Identifier (NPI) on professional claims.
- There is a [list of codes requiring ORP providers](#) on our website.

1915(i) Reinvestment, State Plan Behavioral Health Supports & Services – Melissa Klocke-Joyce and Monica Haugen, *1915(i) Administrators*

- 1915(i) state plan behavioral health supports and services are for eligible individuals of all ages with qualifying behavioral health diagnoses, a qualifying functional limitation, and household income at or below 150% of the federal poverty level.
- Care coordination is provided to all participants and there are ten different services available, including peer support.
- 1915(i) reinvestment work falls into two main categories: increasing access for members and improvements for providers.
 - This work includes making it easier to apply for 1915(i) services, growing partnerships with the Human Service Zones and Human Service Centers, as well as streamlining provider enrollment, creating an interactive provider and services map, reviewing and revising policies, and a communication strategy to raise awareness of the program and its services.
 - Reinvestment goals are to increase knowledge of 1915(i), increase quality care for our members, and strengthen partner relationships while growing our provider base.
- As of May 21, there are 294 individuals enrolled in 1915(i) and we are seeing growth with 17 new members in just 3 days recently.

Discussion related to the number of children receiving 1915(i) services. Currently there are less than 30 children enrolled and we are working to increase that number. Many of the reinvestment work items specifically relate to increasing access to this program for children.

State Plan Amendments (SPAs)

- Upcoming amendments include a behavioral health rehabilitative services state plan amendment to add behavior analysts as allowed providers as well as other changes, a SPA to add school psychologists as other licensed practitioners (OLPs), and a 1915(i) SPA to remove the diagnosis list from our state plan for easier modification and modification to the conflict of interest language.

Home and Community-Based Waivers (HCBS 1915(c)) – [ND current Medicaid 1915\(c\) HCBS Waivers page](#)

- Home and Community Based Services (HCBS) Waiver – Nancy Nikolas Maier, *Aging Services Director*
 - Nothing pending, no updates
- Traditional Individual with Intellectual Disabilities and Developmental Disabilities (IID/DD) HCBS Waiver – Tina Bay, *Developmental Disability Director*
 - Nothing pending, no updates
- Katherine Barchenger, *Children’s Waiver Administrator*
 - Autism Spectrum Disorder (ASD) waiver
 - Medically Fragile HCBS waiver
 - Hospice waiver
 - Nothing pending, no updates

Did you Know?

Need Help Applying for Medicaid? Lisa Scott – *Regional Policy and Process Manager*

- Self-Service Portal (SSP)
 - This is the online portal where people can apply for economic assistance, including health coverage through ND Medicaid.
- Authorized Representative and Trusted Partner
 - A *trusted partner* is an organization or professional who helps someone apply for Medicaid
 - An *authorized representative* is typically a person who knows the individual applying or their family circumstances and who can take on the same responsibilities as the applicant regarding eligibility and enrollment.
 - The difference is that a trusted partner is considered a helper or assister that helps many applicants whereas an authorized representative would be someone who has an ongoing relationship with the applicant and would have more authority or control as the information shared.
- Go to www.hhs.nd.gov/applyforhelp to apply or learn more. Included on the [SSP help page](#) is a guide for trusted partners.

Public Comment - none

Next meeting date:

August 20, 3-5 pm CT, via Microsoft Teams

Date Posted: May 29, 2024

Date Revised: